

**Enter the reference number from our letter here:** _____**It is important that you sign the last page of the questionnaire.***Please provide a detailed explanation when requested. If more room is needed, attach a separate page.*

1. Does an employee from this supplier currently visit your Iowa office(s) or location(s)?

Yes ____ No ____ How Often? _____

2. For all employees from this supplier who visit or have visited your Iowa office(s) or location(s), please complete the following:

Name	Title & Phone	How often does he/she visit:		
		Weekly	Monthly	Yearly
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. If no supplier employee visits your Iowa office(s) or location(s), do you transact your business:

	Yes	No
a. by telephone or telemarketing?	_____	_____
b. by mail or catalog?	_____	_____
c. through a dealer?	_____	_____
d. through a non-employee representative?	_____	_____
e. through a non-Iowa location? (Other than the supplier's location)	_____	_____
f. through a non-Iowa purchasing department?	_____	_____
g. Other? _____	_____	_____

For any yes answers to questions 3(c) to 3(g), please provide the names, addresses, and phone numbers of any individuals or companies that apply.

Name & Address	City, State	Zip	(Area Code) Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Approximately how long have you done business with this supplier?_____
5. Please describe the products you purchase from this supplier. List applicable brand names and product uses.

6. Do you pay royalties or other fees for use of this supplier's name, trade names, trademarks, logos, etc.?
Please select one: Yes ____ No ____ **If yes, provide a copy of the agreement.**

- | 7. Warranty issues: | Yes | No |
|---|-------|-------|
| a. Do the products or merchandise you purchase from this supplier have a warranty? | _____ | _____ |
| b. Have you had any warranty claims or problems with this supplier's products? | _____ | _____ |
| c. Have you had any warranty claims or problems with this supplier's products that were resolved in Iowa? | _____ | _____ |
| d. Has a non-employee performed repairs under warranty in Iowa on behalf of this supplier? | _____ | _____ |
| e. Have you performed repairs under warranty in Iowa on behalf of this supplier? | _____ | _____ |

Please explain any yes responses. **Include copies of any warranty claim procedures.**

8. Do you have or have you had merchandise, equipment or other property in Iowa:

- | | Yes | No |
|-------------------------------------|-------|-------|
| a. On consignment from the company? | _____ | _____ |
| b. Owned by the company? | _____ | _____ |

If yes, please complete the following:

Description of the Property	Dates in Iowa
_____	_____
_____	_____
_____	_____
_____	_____

9. Have you purchased merchandise which was delivered from a location within Iowa?

Yes ____ No ____ How Often? _____

If yes, please complete the following:

Name of Selling Point	Address of Selling Point	Month/Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYEE ACTIVITIES: The remaining questions involve activities of this supplier's employees while visiting you in Iowa. Where applicable, select yes or no. If no employees visit, go to question 17.

10. While present in Iowa, have employees from this supplier:

	Yes	No	How Often
Installed products?	_____	_____	_____
Assembled products?	_____	_____	_____
Authorized the installation of products?	_____	_____	_____
Supervised the installation of products?	_____	_____	_____
Inspected products after installation?	_____	_____	_____
Repaired products?	_____	_____	_____
Authorized product repairs?	_____	_____	_____
Supervised product repairs?	_____	_____	_____
Inspected products after repair?	_____	_____	_____
Become involved in warranty matters?	_____	_____	_____

Please explain any yes responses. Include product descriptions and the dates any activities occurred:

11. While present in Iowa, have employees from this supplier:

	Yes	No	How Often?
Received any payments from you?	_____	_____	_____
Sold merchandise or products in their possession?	_____	_____	_____
Replaced your merchandise or products with merchandise or products in their possession?	_____	_____	_____
Removed or destroyed any merchandise or products, for any reason?	_____	_____	_____
Verified the removal or destruction of any merchandise or products, for any reason?	_____	_____	_____
Arranged for the removal or destruction of any merchandise or products, for any reason?	_____	_____	_____
Picked up merchandise, products, or other company property?	_____	_____	_____
Inspected purchased merchandise or products for damage, obsolescence or unfitness?	_____	_____	_____
Delivered merchandise, products, or other company property?	_____	_____	_____

Please explain all yes responses, including describing the merchandise or products involved in the above activities:

12. While present in Iowa, have employees from this supplier trained you or your employees in:

	Yes	No	How Often?
Servicing products or merchandise?	_____	_____	_____
Product examination and trouble shooting?	_____	_____	_____

Please explain any yes responses:

13. Have personnel from this supplier, while at your Iowa location(s), arranged or performed intra-customer or inter-customer transfers of merchandise? For example: transfers from one of your business locations to another or transfers from your business to another independent business.

Yes ____ No ____ How Often? _____

Please provide the month and the year of each occurrence.

14. While present in Iowa, have employees from this supplier actually resolved or aided in the resolution of complaints? Yes ____ No ____ How Often? _____

Please explain any yes responses. Include a description of any complaints and what was done to resolve it:

15. While in Iowa, have supplier employees performed or provided:

	Yes	No	How Often?
Any research or testing?	____	____	_____
Any consulting?	____	____	_____
Any technical assistance not previously noted?	____	____	_____
Any engineering or design work?	____	____	_____

Please explain all yes responses:

16. While present in Iowa, have company employees performed any other activities not mentioned in any of the other questions? Yes ____ No ____

If yes, please explain any other activities, including how often these activities occurred.

17. Please list name(s) of person(s) we may contact for further information on your responses:

I declare that the information furnished in response to this questionnaire is to the best of my knowledge and belief, true, correct, and complete:

Your Name (print or type)

Your Title (print or type)

Your Signature

Your Company Name & Phone #

This questionnaire and all attachments should be mailed to:

Iowa Department of Revenue
Examination Section/Compliance Division
PO Box 10456
Des Moines, IA 50306-0456